

2320

Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
COUNTY Apache

DISTRICT _____

TOWN _____

OR CITY Alpine

NO. _____ ST. LOCAL REGISTRAR'S NO. _____
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

TERRITORIAL INDEX NO. 645
COUNTY REGISTERED NO. 64

FULL NAME Ramola Burk

PERSONAL AND STATISTICAL PARTICULARS.

SEX female COLOR or RACE ☒ White ☐ Indian ☐ Black ☐ Chinese ☐ Mexican SINGLE ☒ MARRIED ☐ WIDOWED ☐ or DIVORCED

DATE OF BIRTH October 25 1916
(Month) (Day) (Year)

AGE _____ If less than 1 day _____
yrs. 1 mos. 6 days hrs. or min.

OCCUPATION
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Alpine, Apache Co., Ariz.

NAME OF FATHER Hiram Parley Burk

BIRTHPLACE OF FATHER (State or country) Apache Co., Ariz.

MAIDEN NAME OF MOTHER Ella Jane Brinkerhoff

BIRTHPLACE OF MOTHER (State or country) Coconino Co., Ariz.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL OR REMOVAL _____ 19____

UNDERTAKER _____ ADDRESS _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 1st 1916
(Month) (Day) (Year)

I hereby certify, that I attended deceased from _____
191____ to _____ 191____; that I last saw h_____ alive
on _____ 191____ and that death occurred on the date
stated above at _____ M. The DISEASE of _____ Death
was as follows: croup.

(Duration) _____ yrs. _____ mos. 2 days

Was disease contracted in Arizona? _____

If not, where? _____

CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days

(Signed) _____, M. D.

_____, 191____ (Address) _____

*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

LENGTH OF RESIDENCE

At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.

Former or Usual Residence _____

Filed _____ 191____ Sarah H. Hambleton Local Registrar

Filed 1/5 191____ T. J. Paulson County Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. Make every effort possible to secure this information. If any item can not be obtained insert the word "unknown." Incorrect certificates will be returned for correction.